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THE RÔLE OF THE NURSE IN THE CAMPAIGN AGAINST CANCER

By CURTIS E. LAKEMAN

Executive Secretary, American Society for the Control of Cancer

At their recent joint annual convention in St. Louis each of the three national organizations of nurses adopted resolutions pledging co-operation in the work of the American Society for the Control of Cancer. It is the object of the present article to explain why this Society brought its purposes to the attention of the nursing profession and why the coöperation so generously pledged means the enlistment of a powerful force in the war against cancer.

The opportunity of the nurse, and especially the visiting nurse, to save lives which would otherwise be sacrificed to cancer is a prospect which must appeal to every woman who enters upon this calling. It was the belief that nurses are in a position to render unusual service in the efforts to lower the death rate from this malignant disease, that the American Society for the Control of Cancer, in April of this year, addressed an official communication to the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, asking the assistance of their members in carrying out the purpose of the Society, namely, "to disseminate knowledge concerning the symptoms, diagnosis, treatment and prevention of cancer, to investigate the conditions under which cancer is found and to compile statistics in regard thereto."

The hope of cure. How then is it possible to control cancer and what can nurses do to help? Cancer is often thought of as a terrible incurable disease, the cause of which in spite of many years of research, is as yet unknown. Nurses are familiar with the disease in its advanced stages, having seen many cases in their hospital training. Perhaps it is not at first clear how any headway can be made against such a disease by organizing an educational society and carrying on a campaign of publicity such as that which has marked the battle against tuberculosis.

The answer is that cancer, like tuberculosis or like a fire in a house, must be taken at the beginning if it is to be successfully attacked. In early recognition and prompt surgical treatment lies the only trustworthy means of cure in practically all forms of cancer. To bring this simple fact home to the people will require the most patient and persistent effort and the hearty coöperation of all available agencies.

Once this knowledge has been as widely disseminated as the facts about tuberculosis, the cancer death rate will surely fall, instead of showing an increase each year as it does now.

Early cancer a local disease. Cancer is not a hopeless, incurable affliction. Modern surgical methods, as opposed to those in vogue before the introduction of anesthetics and aseptic technique, have advanced far toward the conquest of malignant disease. To be sure, no specific cure is known, as we do not yet know the ultimate cause of cancer. Nevertheless it is important to remember that we do know a great deal about the conditions under which the disease develops and by educating the public we can do much to prevent the disease from running a fatal course. Most important of all, we know beyond a doubt two great facts which should be repeated over and over until they are familiar to every adult person.

The first of these facts is that cancer is, in the beginning, a local disease. Cancer, as all nurses understand, is a lawless development of epithelial cells, which grow without regard to the neighboring tissue until eventually the whole system may be involved. It is of the utmost importance to know that this lawless development begins in one small microscopic cell or group of cells, and is therefore *purely local*. If the growth could always be detected and removed at that stage, cancer would come far from being the dreaded disease that it is at present. It is a superstition coming down from the earlier days of surgical history that cancer is a general disease of the system. It used to be thought a constitutional ailment because apparently it always returned after being cut out or appeared in some other part of the body in the manner of "blood diseases." The surgeons of those days did the best they could in the light of their knowledge but the progress of medical science has since shown us the reason why they were not more successful with cancer. It was not because cancer was "in the blood," but simply because their operations were not complete and cancer cells were left behind to start new growths. The microscope has now brought full knowledge of the paths by which the cancerous cells are carried to other parts of the body and, as a result, the modern operative technique is repeatedly successful in exterminating the disease.

Prompt action necessary. The second great fact is that although cancer starts in one spot it spreads with greater or less rapidity to other tissues and organs and, if neglected, eventually involves the whole system. This means that the time for action for the surgical interference which alone can save the patient, is usually very short, sometimes a matter of only a few weeks. Different forms of the disease

spread with differing degrees of rapidity and safety lies only in the earliest possible treatment.

Here, then, we have the whole subject in a nutshell. And the great pity is that the public and the majority of patients either do not generally know these two simple facts about cancer or do not act on their knowledge if they possess it. Cancer is curable. It is at first a local disease but it quickly spreads into other parts of the body. To obtain good results from even the best surgery it is therefore highly necessary that the patient should submit to operation before extension has taken place. In theory it is apparent that any cancer which can be reached by the surgeon is curable on the condition that the operation is performed early in the course of the disease. Now probably four-fifths of all cancers are accessible to the modern surgeon and therefore curable, yet at present perhaps ninety per cent of all cases are fatal! What is the reason for this state of affairs? Simply that the greater number of patients, through ignorance or fear, postpone for months or even years the visit to the physician or surgeon which opens the way to the only hope of cure. The surgeons of today have become nearly as expert in operating for cancer as it is possible to become. The only way in which the number of cures can be raised from the present 10 per cent to the possible 80 per cent is to secure the coöperation of the patients themselves and get them to seek treatment earlier. Every adult person should be taught to recognize the first signs of cancer and the necessity of obtaining medical advice as soon as possible.

The campaign against cancer. The campaign against cancer which is now being widely undertaken by public authorities and medical and social organizations in this and other countries, means primarily the effort to bring home to every man and every woman, those few simple facts about the disease which will enable them, if attacked, to apply to the physician in time to be saved. The first person to undertake this educational work was Dr. Georg Winter, professor of gynecology at the University of Königsberg in the eastern part of Germany. Professor Winter was profoundly impressed with the evidence that the failure to successfully cure cancer was due to the fact that the patients came too late. He therefore undertook a plan of general education by writing articles in the newspapers, preparing circulars for the instruction of patients, especially women, and addressing special appeals to physicians and midwives. Since 1907 the cancer death rate in Königsberg has actually decreased from 139 per one hundred thousand of the population to 118 for the year 1912, a striking phenomenon when it is considered that nearly everywhere the recorded death rate is steadily increasing.

In England. In Portsmouth, England, a unique educational movement has been started by Dr. Charles P. Childe, another surgeon whose experience, proving the need of earlier operations, actually drove him to do something about it. In 1906 Dr. Childe set forth his views in a popular and very readable book called *The Control of a Scourge*. Subsequently he became a member of the Portsmouth Town Council and at his instance the city government has recently commenced a general campaign of education, the first of its kind under public auspices. The health department distributes circulars giving in simple form the chief symptoms of the various kinds of cancer. This circular is also regularly published as an official notice in the Portsmouth newspapers. Every year a special meeting is to be arranged at which a lecture on cancer will be given for the benefit of nurses, social workers and women interested generally in medical and charitable work. The English Central Midwives Board has already issued a circular of instruction to midwives and it is the intention in the Portsmouth campaign to extend the instruction to others than midwives and to forms of the disease other than cancer of the uterus.

In the United States. In America the educational campaign has so far been undertaken principally by the organized medical profession. Several of the state medical societies have appointed special cancer committees or committees on public instruction, which include cancer among their topics. The Clinical Congress of Surgeons of North America has appointed a committee on cancer education and has caused the publication of several popular magazine articles. The American Society for the Control of Cancer has undertaken a campaign of national scope and is now endeavoring to coördinate all the forces working in this field. This Society was formed in 1912 as a result of the efforts of a special committee of the American Gynecological Society and has subsequently received the endorsement of the American Congress of Physicians and Surgeons, the American Medical Association, the American Surgical Association and many other medical societies.

The part the nurse must take. The part which the nurse must play in this necessary and humane work is quite evident. Again and again the nurse, coming into contact with patients and other members of the family in their home, is the first person whose advice is sought when any unusual symptom is observed. The great danger about cancer is that its approach is so insidious as to cause little alarm. There is at first only a small lump, a slight bleeding or an insignificant sore. Probably most people think of cancer in connection with a trying experience with some advanced case of the disease. They cannot conceive that these insignificant seeming little signs are one and the same disease

as that which has caused the death of some relative or friend after weeks or months of great suffering. If the early symptoms of cancer caused half as much trouble as a toothache, many more lives would be saved, because the patient would be driven to seek relief in time. It is this ignorance which is the most serious obstacle to a greater number of cures and it is this ignorance which the various educational movements are trying to remove. Almost every surgeon tells the same story. The patient comes to him with an inoperable cancer or at least one requiring a serious and dangerous operation. This first visit is often months and months after some symptom had been noticed. Actual figures recently tabulated from the case records of a New York surgeon showed that among sixty-five patients the average was 11.9 months for women and 12.2 months for men. Then always comes the question, "Why did you not come sooner?" And too often the reply, "I suffered no pain: I did not suppose it could be anything serious." If only some wise friend and adviser had been at hand to warn them of their danger! If they had only been told that the little lump in the breast, the slight irregularity or increased frequency of bleeding, the little sore on the lip or tongue, the persistent "indigestion," might well mean cancer and ought to be taken to the physician at once, how much misery, how many lives even, might have been saved!

Now who more readily than the nurse can be expected to give first aid in the form of sound advice to many a person in such a condition? It is not for the nurse to say whether the condition is cancer or not. It is most emphatically for the nurse, when she is asked about symptoms, to urge a consultation with a physician or surgeon with all the earnestness and emphasis at her command. It is even her duty, perhaps often her unpleasant duty, to remember the case, follow it up and do everything in her power to bring about the consultation which alone will mean certainty. The advantage of the nurse in this case is that from her position and general knowledge and intimate contact with people in their homes she is much more likely than other women to be asked for advice. In fact in many cases she is apt to be asked before the doctor. Women obviously prefer in many instances to speak of such symptoms to the nurse who has come to be their friend and guide.

Lectures in training schools. It is clear that all nurses ought to be thoroughly familiar with the essential facts about cancer. It is not necessary that they should burden themselves with any extended study of the disease. Only elementary knowledge is necessary to enable them to know when a patient is perhaps in danger and to advise and insist on medical counsel. Any person who can read can obtain this knowledge from a simple book like that by Dr. Childe already referred to.

Every nurse should be provided with such knowledge as part of her equipment. Nurses as a rule are familiar with cancer in its advanced stages because they have seen cases in their hospital training. They do not have the opportunity, however, of seeing cancer in the early stages and it is therefore very important that the training school should supply the deficiency by arranging sufficient lectures on the early symptoms of malignancy. The American Society for the Control of Cancer recently took occasion to call the attention of all the superintendents of training schools in New York City to the importance of this subject, urging as a beginning that in making up the curriculum, at least one lecture a year on the early symptoms of cancer be provided for. An offer was also made to coöperate with nurses' organizations or clubs by sending speakers to address any meeting that might be arranged. This offer was promptly accepted by the Nurses' Settlement and one of the physicians of the Cancer Society gave a talk to eighty of the visiting nurses of Miss Wald's staff, describing in simple language the early symptoms of cancer of the uterus and the need of early recognition and operation. A similar meeting will be held early in the autumn for the benefit of the several hundred visiting nurses of the New York City Health Department.

In this article I have tried merely to give a general idea of the kind of campaign that is being carried on against cancer and to point out what a very important part the nurse can and ought to take in these efforts. In order that all the readers of this JOURNAL may have the benefit of a simple but authoritative statement of the early symptoms of various forms of cancer the editor has kindly consented to print additional articles to be written in the series by physicians connected with the American Society for the Control of Cancer, which includes in its governing board some of the most eminent specialists of the country.

THE DUTIES OF AN ARMY NURSE

By MARGARET McCLOSKEY MURPHY, R.N.

I have been asked many times to speak of the duties of an army nurse but this is a difficult subject in the sense that those duties may change as time goes on and in that case my words would only tend to mislead. I am speaking solely of the time when I was in the Corps.

Caring for the sick in army life is not different from caring for the sick in civilian life; the methods of nursing and treatment of the patient are identical with those which we find in all modern hospitals. It is the nurse's surroundings, the people with whom she has to come in